

## Additional file 5 - Outcomes tables

Engaging in EIDM Behaviours						
Study	Outcome	Groups	Baseline	Interim	Follow-up	Overall Effect
Melynk, et al. [37]	Implementation of evidence-based practice	I: n = 25 <i>Multifaceted</i>	Mean (SD): 7.37 (12.1)		Mean (SD): 11.42 (10.8)	I versus C Baseline: $P = 0.16$ Follow-up: MD 1.75*, 95% CI (-4.63, 8.13)*
		C: n = 18 <i>No intervention</i>	Mean (SD): 5.95 (6.1)		Mean (SD): 8.25 (8.0)  T: 6 months	Interpretation of direction: Total score ranges from 0-60. Higher scores indicate greater EIDM behaviours.
Tsai et al. [35]	Research participation	I: n = 47 <i>Multifaceted</i>	Median: 6.00	Median: 8.00	Median: 9.00	I versus C Baseline: $P = 0.944$ Interim: MD 4.00*, 95% CI (0.55, 7.45)* $P = 0.02^*$ Follow-up: MD 4.50*, 95% CI (1.05, 7.95)* $P = 0.01^*$
		C: n = 42 <i>No intervention</i>	Median: 5.80	Median: 4.00  T: post-intervention	Median: 4.50  T: 6 months	Interpretation of direction: Total score ranges from 0-33. Higher score indicates greater participation in research activities
	Use of research results	I: n = 47 <i>Multifaceted</i>	% yes: 46.8%	% yes: 42.6%	% yes: 51.1%	I versus C Baseline: $P = 0.708$ Interim: RR 1.05*, 95% CI (0.64, 1.72)*, $P = 0.84^*$ Follow-up: RR 0.89*, 95% CI (0.61, 1.31)*, $P = 0.57^*$
		C: n = 42 <i>No intervention</i>	% yes: 42.9%	% yes: 40.5%  T: post-intervention	% yes: 57.1%  T: 6 months	Interpretation of direction: Total of 11 items scored as "yes" or "no". Higher percentage indicates greater use of research results.

Tranmer, et al. [42]	Incorporate research evidence into practice decisions	I1: n = 37 (baseline) n = 29 (follow-up) <i>Multifaceted</i>	Mean (SD): 3.40 (0.52)		Mean (SD): 3.46 (0.71)	I1 versus C Baseline: $P < 0.05$ Follow-up: MD 0.26*, (95% CI -0.12, 0.64*), $P = 0.18^*$
		I2: n = 21 (baseline) n = 39 (follow-up) <i>Multifaceted</i>	Mean (SD): 2.98 (0.70)		Mean (SD): 3.03 (0.68)	I2 versus C Baseline: $P \geq 0.05$ Follow-up: MD 0.17*, 95% CI -0.52, 0.18) *, $P = 0.34^*$
		Control: n = 34 (baseline) n = 24 (follow-up) <i>No intervention</i>	Mean (SD): 3.20 (0.69)		Mean (SD): 3.07 (0.69)  T: 12 months	I1 versus I2 Baseline: $P < 0.05$ Follow-up: MD: 0.43*, 95% CI (0.09, 0.77)*, $P = 0.01^*$  Interpretation of direction: 42 items rated on a five point scale from 1 (strongly disagree) to 5 (strongly agree). Total score ranges from 42 to 210. Higher scores indicate greater positive attitude, research availability, support, and use of research findings.
Wallen, et al. [60]	Implementation of evidence-based practice	I: n = 54 <i>Multifaceted</i>	Mean (SD): 34.3 (13.9)		Mean (SD): 40.9 (16.9)	I versus C Baseline: $P \geq 0.05$ Follow-up: MD: 3.6*, 95% CI (-2.60, 9.80)*
		C: n = 35 <i>No intervention</i>	Mean (SD): 29.7 (8.9)		Mean (SD): 32.7 (11.9)  T: 6 months	Interpretation of direction: Total score ranges from 0-60. Higher scores indicate greater EIDM behaviours.
* calculated using study data by review team, interim or follow-up only Abbreviations: I: Intervention; C: Control; T: Timeframe; CI: Confidence Interval, MD: Mean difference; AD: Absolute difference; RR: Relative Risk						

Use of Research Evidence for Practice Change						
Study	Outcome	Groups	Baseline	Interim	Follow-up	Overall Effect
Daly, et al. [32]	Compliance rate with protocol for alcohol management	I: n = 17 (baseline) n = 65 (follow-up) <i>Educational materials</i>  C: n = 83 (baseline); n = 175 (follow-up) <i>Education meeting</i>	% yes: 59%  % yes: 57%		% yes: 84%  % yes: 66%  T: 1-2 years	I versus C: Baseline: Not reported. Follow-up: RR: 1.28*, 95% CI (1.10, 1.48)*, $P = 0.001^*$  Interpretation of direction: Nine standards judged for implementation ( 'yes', 'no', or n/a'). Higher percentage indicates greater compliance.
Day, et al. [39]	Performance of research based endotracheal suctioning techniques	I: n = 8 <i>Educational meeting</i>  C: n = 8 <i>Educational meeting</i>		Mean: 22.37  Mean: 11.81  T: 4 days	Mean: 21.00  Mean: 11.12  T: 4 weeks	I versus C Baseline: $P = 0.36$ Interim: MD 10.56*, 95% CI (4.10, 17.0)* Follow-up: MD 9.88*, 95% CI (3.42, 16.34)*, $P = 0.003^*$  Interpretation of direction: Higher scores indicate greater performance of techniques.
Girourd [34]	Performance of preoperative teaching activities	I: n = 20 <i>Multifaceted</i>  Control: n = 16 <i>No intervention</i>	Mean (SD): 104.85 (10.13)  Mean (SD): 106.94 (5.55)		Mean (SD): 103.3 (6.67)  Mean (SD): 105.56 (6.67)  T: 4 weeks	I versus C Baseline: Non-significant Follow-up: MD -2.26*, 95% CI (-6.64, 2.1)*, $P = 0.31^*$  Interpretation of direction: Total score ranges from 28-140. Higher scores indicate greater performance of activities.
	Documentation of preoperative teaching activities	I: n = 10 <i>Multifaceted</i>  Control: n = 10 <i>No intervention</i>	0-4 items: n = 4 5-9 items: n = 6  0-4 items: n = 3 5-9 items: n = 7		Mean (SD): 5.6 (2.27)  Mean (SD): 2.8 (1.48)  T: 4 weeks	I versus C: Baseline: Non-significant Follow-up: MD 2.80*, 95% CI (1.57, 4.03)*, $P < 0.00001^*$  Interpretation of direction: Higher scores indicate greater documented teaching.

Hyndman [40]	Adherence to guideline on treating tobacco use & dependence	<p>I: n= 67 <i>Multifaceted</i></p> <p>C: n = 71 <i>Multifaceted</i></p>	<p>Mean (SD): 21.7 (7.4) 95% CI: (19.9, 25.5)</p> <p>Mean (SD): 19.8 (7.7) 95% CI: (18.0, 21.5)</p>		<p>Mean: 37.6 95% CI: (35.3, 39.9)</p> <p>Mean: 21.1 95% CI: (19.0, 23.3)</p> <p>T: 3 weeks</p>	<p>I versus C: Baseline: Non-significant. Follow-up: MD: 6.50*, 95% CI (3.58, 9.42)*, <math>P &lt; 0.0001</math>*</p> <p>Interpretation of direction: Total score ranges from 12-60 [scored scale from never (0 smokers out of 10) to usually (9-10 smokers out of 10)]. Higher scores indicate greater adherence.</p>
Kirschbaum, et al. [33]	Make recommendations for exercise according , the evidence	<p>I: n = 51 (follow-up) <i>Educational materials</i></p> <p>C: n = 41 (follow-up) <i>No intervention</i></p>			<p>T: 2 months</p>	<p>I versus C Baseline: Non-significant Follow-up: For nausea: OR 2.54, 95% CI (2.53, 13.20) For loss of appetite: OR 3.67, 95% CI (1.82, 8.76) For fatigue: OR 2.4, 95% CI (1.12, 5.99) For weight gain: OR 1.55, 95% CI (0.73, 3.03) For insomnia: OR 1.46, 95% CI (0.64, 3.60) For loss of libido: OR 1.92, 95% CI (0.94, 3.64) For panic attacks: OR 2.23, 95% CI (0.89, 5.75) For altered body image: OR 1.62, 95% CI (0.67, 3.82) For headaches: OR 2.41, 95% CI (0.98, 5.42) For altered body image: OR 1.62, 95% CI (0.67, 3.82)</p> <p>Interpretation of direction: Odds ratios (&gt; 1.0) are associated with making greater recommendations.</p>

Lewicki [43]	Performance of Braden Scores on admission	<p>I1: n = 32 <i>Multifaceted (Individual feedback)</i></p> <p>I2: n = 35 <i>Multifaceted (Group feedback)</i></p> <p>C: n = 29 <i>Multifaceted</i></p>	<p>Mean (SD): 43.58 (31.04)</p> <p>Mean (SD): 48.98 (29.45)</p> <p>Mean (SD): 49.70 (33.88)</p>		<p>Mean (SD): 71.84 (28.55)</p> <p>Mean (SD): 70.62 (31.03)</p> <p>Mean (SD): 64.12 (26.22)</p> <p>T: 1 week</p>	<p>I1 versus C: Baseline: Non-significant** Follow-up: MD 7.22*, 95% CI (-6.02, 21.46)*, <math>P = 0.27^*</math></p> <p>I2 versus C Baseline: Non-significant** Follow-up: MD: 6.50*, 95% CI (-7.53, 20.53) *, <math>P = 0.36^*</math></p> <p>I1 versus I2 Baseline: Non-significant** Follow-up: MD 1.22*, 95% ( -13.05, 15.49)*, <math>P = 0.87^*</math></p> <p>Interpretation of direction: Total score not reported. Higher score indicates greater performance.</p>
	At-risk patients receiving prevention interventions	<p>I1: n = 32 <i>Multifaceted</i></p> <p>I2: n = 35 <i>Multifaceted</i></p> <p>C: n = 29 <i>Multifaceted</i></p>	<p>Mean (SD): 36.80 (29.18)</p> <p>Mean (SD): 49.50 (32.85)</p> <p>Mean (SD): 35.19 (34.14)</p>		<p>Mean (SD): 69.10 (24.25)</p> <p>Mean (SD): 73.30 (22.41)</p> <p>Mean (SD): 65.80 (30.36)</p> <p>T: 1 week</p>	<p>I1 versus C Baseline: Non-significant** Follow-up: MD 3.30*, 95% CI (-10.58, 17.18)*, <math>P = 0.64^*</math></p> <p>I2 versus C Baseline: Non-significant** Follow-up: MD 7.50*, 95% CI (-5.81, 20.81)*, <math>P = 0.27^*</math></p> <p>I1 versus I2 Baseline: Non-significant** Follow-up: MD: 4.20*, 95% (-15.41, 7.01)*, <math>P = 0.46^*</math></p> <p>Interpretation of direction: Total score not reported. Higher score indicates greater number of patient receiving prevention interventions.</p>

Linde [44]	Use of the practice innovation	I1: n = 61 <i>Multifaceted (Level 3)</i>	% yes: 6.12%		% yes: 53.05%	I1 versus C: Baseline: Non-significant** Follow-up: RR 1.77*, 95% (1.10, 2.85)*, $P = 0.02^*$
		I2: n = 70 <i>Multifaceted (Level 2)</i>	% yes: 3.51%		% yes: 50.88%	I2 versus C Baseline: Non-significant** Follow-up: RR 1.74*, 95% (1.08, 2.78)*, $P = 0.02^*$
		C: n = 54 <i>Multifaceted (Level 1)</i>	% yes: 0.00%		% yes: 29.70%  T: 1 month	I1 versus I2: Baseline: Non-significant** Follow-up: RR 1.02*, 95% (0.73, 1.42)*, $P = 0.91^*$  Interpretation of direction: Higher percentage indicates greater use.
Manias, et al. [48]	Manage pain using non-pharm-acological activities	I: n = 32 <i>Multifaceted</i>  C: n = 32 <i>No intervention</i>	n = 10  n = 12	n = 31  n = 12  T: immediate post-intervention	n = 29  n = 9  T: 3 months	I versus C Baseline: Non-significant** Interim: RR 2.58*, 95% CI (1.64, 4.06)*, $P < 0.001^*$ Follow-up: RR: 3.22*, 95% CI (1.83, 5.67)*, $P < 0.0001$  Interpretation of direction: Higher percentage indicates greater use of non-pharmacological activities.
	Use of pain assessment tools	I: n = 32 <i>Multifaceted</i>  C: n = 32 <i>No intervention</i>	n = 15  n = 17	n = 30  n = 16  T: immediate post-intervention	n = 28  n = 15  T: 3 months	I versus C: Baseline: Non-significant** Interim: RR 1.88*, 95% CI (1.3, 2.68)*, $P = 0.0006^*$ Follow-up: RR: 1.87* 95% CI (1.26, 2.76)*, $P = 0.0002^*$  Interpretation of direction: Higher percentage indicates greater use of non-pharmacological activities.
* calculated using study data by review team, interim or follow-up only						
** determined by review team						
Abbreviations: I: Intervention; C: Control; T: Timeframe; CI: Confidence Interval, MD: Mean difference; AD: Absolute difference; RR: Relative Risk; OR: Odds Ratio						

Client Outcomes						
Study	Outcome	Groups	Baseline	Interim	Follow-up	Overall Effect
Dykes, et al. [49]	Fall rate per 1000 patient days	I: n = 5160 <i>Multifaceted</i>  C: n = 5104 <i>No intervention</i>	Rate per 1000 patient days: 5.56  Rate per 1000 patient days: 5.86		Rate per 1000 patient days: 3.15 95% CI: (2.54, 3.90)  Rate per 1000 patient days: 5.86 95% CI: (3.45, 5.06)  T: 6 months	I versus C Baseline: $P = 0.61$ Follow-up: MD -1.03, 95% CI (-2.01, -0.57), $P = 0.04$  Interpretation of direction: Higher the number greater number of falls.
	Falls with injury	I: n = 5160 <i>Multifaceted</i>  C: n = 5104 <i>Usual care</i>			No. yes: 12  No. yes: 14  T: 6 months	I versus C Baseline: Not reported. Follow-up: RR 1.15*, 95% CI (0.53, 2.49)*, $P = 0.72^*$  Interpretation of direction: Higher the number greater number of falls.
Fan & Woolfrey [45]	Length of stay (minutes)	I: n = 62 <i>Multifaceted</i>  C: n = 62 <i>Usual care</i>			Mean: 73.0 95% CI: (49.0, 93.0)  Mean: 79.9 95% CI: (44.8, 109.8)  T: 2 weeks	I versus C Baseline: Not reported. Follow-up: MD -6.7, 95% CI (-20.9, 7.4), $P = 0.349$  Interpretation of direction: Higher the number of minutes the greater the length of stay.

Manias, et al. [48]	Pain intensity at rest (Visual Analog Scale, 0-10)	I: n = 32 <i>Multifaceted</i>  C: n = 32 <i>No intervention</i>	Mean: 5.58  Mean: 5.28	Mean: 4.40  Mean: 6.05  T: Immediate post-intervention	Mean: 3.14  Mean: 4.17  T: 3 months	I versus C Baseline: MD -0.29, 95% CI (-1.40, 0.82), $P = 0.608$ Interim: MD: - 1.65, 95% CI (-2.79, -0.52), $P = 0.004$ Follow-up: MD: -1.03, 95% CI (-2.17, 0.09) $P = 0.072$  Interpretation of direction: Score of 0 to 10 (0 cm represents “no pain” and 10cm represents the “worst possible pain”). Higher the score the greater the pain intensity.
	Pain intensity on movement (Visual Analog Scale, 0-10)	I: n = 32 <i>Multifaceted</i>  C: n = 32 <i>No intervention</i>	Mean: 7.16  Mean: 6.26	Mean: 5.27  Mean: 7.42  T: Immediate post-intervention	Mean: 3.75  Mean: 6.24  T: 3 months	I versus C Baseline: MD -0.90, 95% CI (-1.97, 0.16), $P = 0.097$ Interim: MD - 2.15 units, 95% CI (-3.19, -1.11), $P < 0.0001$ Follow-up: MD -2.49, 95% CI (-3.54, -1.44), $P < 0.0001$  Interpretation of direction: Score of 0 to 10 (0 cm represents “no pain” and 10cm represents the “worst possible pain”). Higher the score the greater the pain intensity.
Middleton, et al. [36]	Death or dependency	I: n = 558 <i>Multifaceted</i>  C: n = 451 <i>Educational materials</i>			% yes: 42%  %yes: 58%  T: 39 months	I versus C Baseline: Non-significant Follow-up: RR: 0.72*, 95% CI (0.65, 0.84)*, $P = 0.002$  Interpretation of direction: Higher the percentage the greater the functional dependence (scored on a scale from 0 to 6 where “0” equals no symptoms, and “5” equals severe disability and “6” equals death; disability = score of $\geq 2$ ).



	Functional dependence (Barthel index $\geq$ 95)	I: n = 558 <i>Multifaceted</i>  C: n = 451 <i>Educational materials</i>			% yes: 69  % yes: 60  T: 39 months	I versus C Baseline: Non-significant Follow-up: RR: 1.15*, 95% CI (1.04, 1.27)*, $P = 0.07$  Interpretation of direction: Higher the percentage the greater the functional dependence (scored on a scale from 0 to 6 where “0” equals no symptoms, and “5” equals severe disability and “6” equals death; disability = score of $\geq$ 2).
	Functional dependence (Barthel index $\geq$ 60)	I: n = 558 <i>Multifaceted</i>  C: n = 451 <i>Educational materials</i>			% yes: 92%  % yes: 90%  T: 39 months	I versus C Baseline: Non-significant Follow-up: RR: 1.02*, 95% CI (0.98, 1.06)*, $P = 0.44$  Interpretation of direction: Higher the percentage the greater the functional dependence (scored on a scale from 0 to 6 where “0” equals no symptoms, and “5” equals severe disability and “6” equals death; disability = score of $\geq$ 2).
	SF-36 (physical component summary score)	I: n = 558 <i>Multifaceted</i>  C: n = 451 <i>Educational materials</i>			Mean (SD): 45.6 (10.2)  Mean (SD): 42.5 (10.2)  T: 39 months	I versus C Baseline: Non-significant Follow-up: MD 3.4, 95% CI (1.2, 5.5), $P = 0.002$  Interpretation of direction: Total score not reported. Higher score indicates greater states of health and well-being.
	SF-36 (mental health component summary score)	I: n = 558 <i>Multifaceted</i>  C: n = 451 <i>Educational materials</i>			Mean (SD): 49.5 (10.9)  Mean (SD): 49.4 (10.6)  T: 39 months	I versus C Baseline: Non-significant Follow-up: MD 0.5, 95% CI (1.9, 2.8), $P = 0.69$  Total score not reported. Higher score indicates greater states of health and well-being.

	Temperature during first 72 hours	I: n = 603 <i>Multifaceted</i>  C: n = 483 <i>Educational materials</i>			Mean (SD): 36.5 (0.27)  Mean (SD): 36.5 (0.30)  T: 39 months	I versus C Baseline: Not reported Follow-up: MD 0.09, 95% CI (0.04, 0.15), $P = 0.001$  Interpretation of direction: Higher °C indicates greater temperature.
	At least one temperature $\geq 37.5^{\circ}\text{C}$ in first 72 hours	I: n = 603 <i>Multifaceted</i>  C: n = 483 <i>Educational materials</i>			% yes: 17%  % yes: 27%	I versus C Baseline: Non-significant Follow-up: RR: 0.64*, 95% CI (0.51, 0.81)*, $P = <0.0001$  Interpretation of direction: Higher °C indicates greater temperature.
	Glucose during first 72 hours	I: n = 603 <i>Multifaceted</i>  C: n = 483 <i>Educational materials</i>			Mean (SD): 6.8 (1.8)  Mean (SD): 7.0 (2.0)  T: 39 months	I versus C Baseline: Not reported Follow-up: MD 0.54, 95% CI (0.08, 1.01), $P = 0.02$  Interpretation: Higher blood glucose (mmol/L), indicates greater blood glucose.
	Discharge diagnosis of aspiration pneumonia	I: n = 603 <i>Multifaceted</i>  C: n = 483 <i>Educational materials</i>			% yes: 2%  % yes: 3%	I versus C Baseline: Not reported Follow-up: RR 0.64*, 95% CI (0.30, 1.36)*, $P = 0.82$  Interpretation of direction: Higher percentage indicated greater diagnoses of aspiration pneumonia.

	Length of stay (days)	I: n = 603 <i>Multifaceted</i>			Mean (SD): 11.3 (10.3)	I versus C Baseline: Not reported Follow-up: MD 1.5, 95% CI (-0.5, 3.5), $P=0.144$
		C: n = 483 <i>Educational materials</i>			Mean (SD): 13.7 (12.7)  T: 39 months	Interpretation of direction: Higher the number of days the greater the length of stay.
Seers, et al. [41]	Current pain intensity at rest (0-10)	I: n = 60 <i>Multifaceted</i>	Mean (SD): 1.75 (2.24)		Mean (SD): 1.36 (1.99)	I versus C Baseline: Non-significant. Follow-up: MD: 0.00*, 95% CI (-0.69, -0.69)*, $P = 1.00^*$
		C: n = 60 <i>No intervention</i>	Mean (SD): 1.80 (2.19)		Mean (SD): 1.36 (1.85)  T: 3 months	Interpretation of direction: Total score ranges from 0-10 (scored on a 10-point scale, “0” is no pain and “10” is worst pain possible). Higher scores indicate greater pain.
	Current pain intensity on movement (0-10)	I: n = 60 <i>Multifaceted</i>	Mean (SD): 3.47 (2.85)		Mean (SD): 2.98 (2.69)	I versus C Baseline: Non-significant Follow-up: MD -0.14*, 95% CI (-1.15 to 0.87)*, $P = 0.79^*$
		C: n = 60 <i>No intervention</i>	Mean (SD): 3.51 (2.52)		Mean (SD): 3.12 (2.95)  T: 3 months	Interpretation of direction: Total score ranges from 0-10 (scored on a 10-point scale, “0” is no pain and “10” is worst pain possible). Higher scores indicate greater pain.
	Pain intensity at rest since surgery (0-10)	I: n = 60 <i>Multifaceted</i>	Mean (SD): 2.55 (2.73)		Mean (SD): 2.54 (2.39)	I versus C Baseline: $P = 0.009$ Follow-up: MD -0.27*, 95% CI (-1.06, 0.52)*, $P = 0.50^*$
		C: n = 60 <i>No intervention</i>	Mean (SD): 3.98 (2.71)		Mean (SD): 2.81 (1.98)  T: 3 months	Interpretation of direction: Total score ranges from 0-10 (scored on a 10-point scale, “0” is no pain and “10” is worst pain possible). Higher scores indicate greater pain.

	Pain intensity on movement since surgery (0-10)	I: n = 60 <i>Multifaceted</i>  C: n = 60 <i>No intervention</i>	Mean (SD): 4.02 (2.75)  Mean (SD): 4.84 (2.63)		Mean (SD): 3.54 (2.46)  Mean (SD): 3.58 (2.8)  T: 3 months	I versus C Baseline: Non-significant Follow-up: MD -0.04*, 95% CI (-0.99, 0.91)*, $P = 0.93^*$  Interpretation of direction: Total score ranges from 0-10 (scored on a 10-point scale, “0” is no pain and “10” is worst pain possible). Higher scores indicate greater pain.
	Worst pain intensity since surgery at rest (0-10)	I: n = 60 <i>Multifaceted</i>  C: n = 60 <i>No intervention</i>	Mean (SD): 4.80 (3.26)  Mean (SD): 6.10 (2.50)		Mean (SD): 4.61 (3.45)  Mean (SD): 5.46 (3.22)  T: 3 months	I versus C Baseline: $P = 0.023$ Follow-up: MD -0.85*, 95% CI (-2.04, 0.34)*, $P = 0.16^*$  Interpretation of direction: Total score ranges from 0-10 (scored on a 10-point scale, “0” is no pain and “10” is worst pain possible). Higher scores indicate greater pain.
	Worst pain intensity since surgery on movement (0-10)	I: n = 60 <i>Multifaceted</i>  C: n = 60 <i>No intervention</i>	Mean (SD): 5.69 (3.06)  Mean (SD): 6.40 (2.67)		Mean (SD): 5.46 (3.11)  Mean (SD): 4.97 (3.34)  T: 3 months	I versus C Baseline: Non-significant Follow-up: MD 0.49*, 95% CI* (-0.66, 1.64)*, $P = 0.41$  Total score ranges from 0-10 (scored on a 10-point scale, “0” is no pain and “10” is worst pain possible). Higher scores indicate greater pain.
Sulch, et al. [47]	Length of stay (days)	I: n = 76 <i>Multifaceted</i>  C: n = 76 <i>Usual care</i>			Mean (SD): 50 (19)  Mean (SD): 45 (23)  T: 3 months	I versus C Baseline: Not reported Follow-up: MD 5, 95% CI, (-14.0, 24.0)  Interpretation of direction: Higher the number of days the greater the length of stay.

Titler, et al. [38]	Pain intensity during the first 24 hours of admission (0-10)	I: <i>Multifaceted</i> C: <i>Educational materials</i>			T: 1 year	I versus C Baseline: Not reported Follow-up: MD -2.5, $P < 0.0001$  Interpretation of direction: Total score ranges from 0-10 [scored as 0 (no pain) to 10 (worst pain)]. Higher scores indicate greater pain. .
	Pain intensity over 72 hours of admission (0-10)	I: <i>Multifaceted</i> C: <i>Educational materials</i>			T: 1 year	I versus C Baseline: Not reported Follow-up: MD: -1.5, $P < 0.0001$  Interpretation of direction: Total score ranges from 0-10 [scored as 0 (no pain) to 10 (worst pain)]. Higher scores indicate greater pain. .
Wesorick, et al. [46]	Blood glucose In-range	I: n = 453 <i>Multifaceted</i>  C: n = 391 <i>No intervention</i>			% yes: 17.0%  % yes: 16.9%  T: Not reported	I versus C: Baseline: Not applicable Follow-up: OR 1.08, 95% CI (0.74, 1.58), $P = 0.68$  Interpretation of direction: Higher percentage indicates greater blood glucose within range.
	Hyperglycemic	I: n = 453 <i>Multifaceted</i>  C: n = 391 <i>No intervention</i>			% yes: 63.8%  % yes: 63.4%  T: Not reported	I versus C: Baseline: Not applicable Follow-up: OR 0.95, 95% CI (0.71, 1.28), $P = 0.74$  Interpretation of direction: Higher percentage indicates greater hyperglycemia.
	Severely Hyperglycemic	I: n = 453 <i>Multifaceted</i>  C: n = 391 <i>No intervention</i>			% yes: 48.3%  % yes: 45.0%  T: Not reported	I versus C: Baseline: Not applicable Follow-up: OR 1.10, 95% CI (0.82, 1.47), $P = 0.52$  Interpretation of direction: Higher percentage indicates greater severe hyperglycemia.

	Hypoglycemic	I: n = 453 <i>Multifaceted</i>  C: n = 391 <i>No intervention</i>			yes: 5.1%  % yes: 9.2%  T: Not reported	I versus C: Baseline: Not applicable Follow-up: OR 0.48, 95% CI (0.27, 0.85), $P = 0.01$  Interpretation of direction: Higher percentage indicates greater hypoglycemia
	Severely Hypoglycemic	I: n = 453 <i>Multifaceted</i>  C: n = 391 <i>No intervention</i>			% yes: 2.9%  % yes: 3.8%  T: Not reported	I versus C: Baseline: Not applicable Follow-up: OR 0.97, 95% CI (0.29, 1.44), $P = 0.28$  Interpretation of direction: Higher percentage indicates greater severe hypoglycemia

\* calculated using study data by review team, interim or follow-up only

Abbreviations: I: Intervention; C: Control; T: Timeframe; CI: Confidence Interval, MD: Mean difference; AD: Absolute difference; RR: Relative Risk; OR: Odds Ratio

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